

# Claim for Damages

Alternative Format Available



**King County**

Department of Executive Services  
**Risk Management Division**  
Ph: 206-296-7432  
TTY: 800-833-6388

This Box is For Official Use Only.

**Notice:** No damages can be paid by King County unless a claim complying with Washington State Law is presented to the Clerk of the Council. After filing a claim, please direct all questions to the Office of Risk Management at (206) 296-7432. **Pursuant to RCW 42.56 any documents submitted with this claim form are public records subject to disclosure.**

**Instructions:** (1) Complete this form giving specific details about your damage or loss. Include dates, times, witnesses and supporting documents. (2) Sign the form. (3) Return completed form with original signature to **King County Clerk of the Council, Room W-1039, King County Courthouse 516 Third Avenue, Seattle, WA 98104.**

**Explanation of claims process:** After this claim for damages form is submitted to the King County Clerk of the Council, a claim number will be assigned to your claim and the claim will be transmitted to Risk Management. A Tort Claims Investigator will be assigned to your Claim to conduct an investigation, and will be in contact with you.

County Claim Number / Clerks Date Stamp

**Name:** \_\_\_\_\_  
First, Middle, Last (or business name)

**Address:** \_\_\_\_\_  
(Home or business) City State Zip

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Message / Cell Phone:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number (Optional):** \_\_\_\_\_

**Address six months before loss / incident occurred:** \_\_\_\_\_  
Address City State Zip

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Amount Claimed: \$** \_\_\_\_\_

**Location of loss/incident:** \_\_\_\_\_

**Description of Details** (Describe how the loss / incident occurred): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Additional space provided on next page if necessary).

**King County's Involvement** (if possible, please identify employee and/or department involved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses** (please provide addresses and phone numbers):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete this section for Metro Transit claims.

**Route Number** \_\_\_\_\_ **Coach / Vehicle Number** \_\_\_\_\_ **Coach / Vehicle License Number** \_\_\_\_\_

**I was a:** Bus Passenger Pedestrian Driver of Another Vehicle Passenger in Another Vehicle  
Other (Describe): \_\_\_\_\_

**Property Damage** (please describe the value and extent of the damage to your home, automobile or personal property. Attach estimates, bills or whatever documentation of damages you may have): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Model \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_ Insurance \_\_\_\_\_ Policy \_\_\_\_\_  
Number Name Number

**Were you injured?** No Yes If yes, then complete the following: **Note: We will contact you to obtain medical bills and records.**

**Describe your injury** (Identify your doctors(s)/healthcare provider(s)): \_\_\_\_\_  
\_\_\_\_\_

**Are you still receiving medical treatment?** Yes No **Employer:** \_\_\_\_\_

**Wage Loss?** Yes No If Yes, rate of pay: \_\_\_\_\_ **Type of work:** \_\_\_\_\_

" I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

\_\_\_\_\_  
(Date and Place (City, State))

\_\_\_\_\_  
Signature

This Space provided for additional information if needed.